KANSAS MEDICAL JOURNAL.

VOL. VI. TOPEKA, KANSAS, SATURDAY, OCTOBER 20, 1894. No. 42.

ORIGINAL ARTICLES.

A Muscular Spasm.

BY W. S. LINDSAY, M.D., TOPEKA.

A case recently came under my observation which, on account of its being unique in my experience, and because of the fact that the pathogeny of the affection is poorly defined, I desire to state to you and theorize upon.

Mrs. T., æt. 25, fairly well nourished, nursing a baby six months old, came to me June, 1894, complaining as follows: A few days before she began having a toothache, and while suffering from this a strange jerking of the abdomen was set up which had continued, with some intermissions of a few hours, to the time of examination. During this time the tooth had been extracted—gas had been administered by a "painless dentist." There was at this time no pain in the jaw, but the jerking in the abdomen still continued. The patient had been kept awake by the contraction for two nights and was quite anxious and somewhat exhausted. She had not taken nourishment regularly, but had no fever.

On examination I found some distension of the abdomen from gas—no pain or tenderness of walls, but I could distinctly feel the spasmodic contraction of the rectus abdominis, each contraction being attended with rapid exhalation of the breath.

The duration of the contraction and relaxation was quite like hiccough.

Engaging the patient's attention closely paroxysm would abate for the time and recur whenever she was left to herself. Now the usual explanation of the cause of this condition I take it would be that we have a reflex spasm from the irritation of the nerve of the tooth.

The impulse established by irritation of end organs at the tooth, is transmitted along sensory fibres of the trigeminus, probably to its cortical origin where motor impulses are excited to action and conducted to the rectus abdominis through the pyramidal tract.

Let us consider this transit.

You will observe that when the attention was engaged closely the spasm stopped. If we had here simply a spinal reflex no such effect could have been observed. The sensory impression being recorded in the cerebral cortex whatever motor impulse results from it must be governed by the rules which obtain in this domain.

To my mind it is a most reasonable theory that when motor cells in the cerebral cortex discharge their impulses, these are conducted to the corpus striatum, where the current is formed, its tone and rythm established, before its final discharge along the anterior columns of the cord.

If, as we believe, the higher centers have an inhibitory influence over these basal ganglia; and further, if the rule of concentration of thought essential in the hypnotic state will hold in abeyance other brain functions; if the brain is a unit whose electrical discharge can be directed by the proper application of a conductor, we can see how these impulses may be controlled.

The rationale of spasm is as poorly understood as any of the intricate problems of the animal economy. Clinically it appears to us in a variety of ways—in the fibrillary twitchings of the orbicularis palpebrarum—convulsive tic—simple cramp—the convulsive and eclamptic states of infancy and maternity up to that bane of our profession, epilepsy.

So far in the treatment of these affections we have only succeeded where the sensory origin of the reflex arc could be discovered.

I think it will be demonstrated in time that this current can be interrupted at the point of change from sensory to motor fibres. Who among you has not heard from parents of children the statement that if they have warning of an approaching convulsion they can sometimes ward it off by keeping the attention of the child actively engaged? I appreciate that great difficulties lie in the way of developing this theory, but until our confreres who are working with the introduction of animal extracts and the latest with opium narcosis alternated with bromidism can show more regular and permanent results, we may reasonably turn our attention to psychical influence.

Medical Legislation.

BY J. W. WILHOIT, B.S., M.D., ST. GEOGRE, KAS.

Editor Kansas Medical Journal.

Every physician who has the good of his profession at heart should believe in higher medical education, and the only legitimate means of securing a higher standard in our profession is through medical legislation. In regard to the bill offered by the physicians of the State of Kansas at their meeting in Topeka on the 15th day of last May, I have this to say: that I believe it covers the ground all except the ten years' practice clause, and I am one who believes that ten years' practice does not equal two or three courses of lectures at a regular medical college and a graduation in medicine; but I think that ten years' practice should give a physician sufficient standing before a medical board of examiners to allow him to come up for an examination, and if fonnd qualified to issue him license to practice in the State.

All who have gone through medical college and received their degrees know full well that a man can never grow into such a profession as ours by time only, but he must enter it through the portals of a thorough medical education, and he cannot get this in the backwoods where there are no appliances or laboratories. The only way to learn anatomy is by dissection, and a thorough knowledge of anatomy is the foundation of a medical education.

We have too many men in the medical profession to-day who use it as a trade by which to make money, and who have but little knowledge as to its high and noble calling.

The practice of medicine and surgery covers such a broad field that we never get to the end of it. After we have graduated and taken extra courses and post graduate courses we can still learn, and we should still be found seeking after this precious knowledge until we spend our lives. When our fellow man places his life in our hands it would be criminal on our part to let him die when means could be used to prolong his life.

Medicine put in the hands of an ignorant man or woman is like putting a loaded gun in the hands of an infant. I believe that the practice of medicine is just in the sunrise of its existence and a brighter future awaits it.

The time will come when such words as "bilious attack" and "malaria" and "hysteria" and "neuralgia" will have a more full definition and a better diagnosis will be made.

Let us all join hands and work hard for medical education and hope for a brighter future.

MRS. L. B. BAKER, whom most of the physicians in Topeka will remember as a professional nurse, is now editor and proprietor of a society paper in St. Joseph, Mo., most appropriately entitled *Chat*. The paper is bright and newsy and shows the especial adaptability of its editor for this class of work.

SENNINE is said to be composed of boric acid and phenol. It is a weak antiseptic and odorless.

Kansas Medical Journal.

PUBLISHED WEEKLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

KANSAS MEDICAL JOURNAL,
723 Kansas Avenue.

W. E. McVEY, B.S., M.D., Managing Editor.

Collaborators:
J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.

Topeka, Kansas, Saturday, Oct. 20, 1894.

Hay Fever and the Ethmoid Cells.

The master minds in medicine have studied, theorized and expounded the various probable causes of hay fever for the past dozen years or more, and yet we are apparently still groping for the true explanation. That there is a local origin of the disease, and that this point of local irritation is located somewhere in the region of the middle turbinate seems to be pretty well demonstrated by the history and appearance of most of the cases. It is further demonstrated by the fact that operations in this region and the persistent use of hot water douches will often greatly relieve the symptoms. Where there is much tumefaction of the tissues covering the septum and the turbinates, cocaine will often relieve. There are numerous cases, however, where there is marked enlargement of the middle turbinate or a narrowing of the space above, so that the slightest swelling of the tissues greatly increases the pressure. In such cases there is severe neuralgic pain in the eyes and forehead and often extending to the top and back of the head. It seems hardly probable that the pressure upon the septum alone should cause such severe and persistent pain. The symptoms are really those of an inflammation involving the accessory sinuses.

In some of the cases, especially if they have been under observation for some time, the rapid enlargement of the turbinate bone has been observed, and when removed they were found to be simply hollow shells. As the ethmoid cells are frequently found extending into the middle turbinate this enlargement is doubtless the result of inflammatory trouble within those cells. In these cases the removal of the turbinate or a part of its wall, sufficient to give drainage to the cells, usually relieves all of the symptoms. There are cases in which there has apparently been hemorrhage into the ethmoid cells, for on removing the cystic turbinate it is found to contain very dark clotted blood, the removal of which, with thorough irrigation, seems to afford prompt relief. An enlargement of the ethmoid cells frequently occurs without involving the turbinate. In these cases the narrowing and pressure are above the turbinate, but the same plan of treatment gives equally good results. From these facts the evidence seems pretty clear that in all this class of cases, and we might say in all cases of hay fever, the disease is essentially one involving the ethmoid cells. The recent investigations of the most prominent rhinologists in this country are very clearly in accord with this view. In a recent paper in the *Medical Record* on "Ethmoidal Disease," Dr. F. H. Bosworth says:

"I regard ethmoidal disease as not only by far the most frequent of all diseases of the accessory cavities, but as of very much more frequent occurrence than we ordinarily have been taught to believe, as will be inferred by the statement that in the past five years ninety-eight such cases have come under observation in my private practice. In the

chapter on acute rhinitis, in all of our text-books on throat diseases, Bosworth among others, there is described a disease characterized often by nasal stenosis, frontal headache, intra-orbital pressure, asthenopia, watery discharge and violent sneezing, which I very frankly confess I have rarely seen where I was enabled todetect a rational explanation of the symptoms in the morbid condition of the nasal mucous membrane alone, as seen by ocular inspection. I contented myself with the old teaching that these symptoms were to an extent reflex in character. I do not hesitate to say that I believe a very large proportion of the cases of socalled acute rhinitis are really instances of acute ethmoiditis, and that such inflammation as may exist in the nasal mucous membrane is really secondary to the graver and more distressing conditions of the lining membrane of the ethmoidal cells.

"In a paper on ethmoid disease, published two and a half years ago, I described five varieties of diseased conditions of these cells which practically reduced themselves to three, viz: 1, Extra cellular myxomatous degeneration; 2, intra-cellular myxomatous degeneration; and 3d, purulent ethmoditis. I really think that, practically, we have but one primary morbid condition in the ethmoid cells, which progressively and with more or less rapidity develops into these three. In other words, that these three conditions are successive stages of one and the same disease. An acute inflammatory process of the mucous membrane lining these cells very soon either results in resolution or a chronic morbid process. Owing to the peculiar anatomical character of this membrane, a chronic inflammation tends to develop a soft, jelly-like thickening of the tissue, which takes on what we may describe as a myxomatous character. Now, this may persist for a somewhat prolonged period of time, giving rise to distension of the cells, with its train of symptoms already alluded to, which are watery or muco purulent discharges, violent attacks of sneezing, headache, intra-orbital pressure, aprosexia, etc., and if the constitutional habit be neurotic, hay fever, and asthma, these symptoms being simply exaggerated on the occurrence of more or less frequently repeated attacks of acute inflammation, to which the patient is liable."

This theory, of course, offers no more satisfactory explanation of the perennial recurrence of hay fever and the effect of frost upon its duration than do any of the other, but it does correspond more nearly with the pathological conditions observed and with the usual symptoms.

Memorial Meeting of the Topeka Academy of Medicine and Surgery.

Special meeting of the Academy of Medicine and Surgery, convened in their hall in commemoration of the death of Dr. Reid Alexander, president of the society.

The members of the society present were Drs. Magee, Lindsay, Schenck, Gibson, Beers, Mitchell, Minney, Powell, McClintock, C. S., Grubbs, Munn, McClintock, J. C., Stewart, Pelton, Wehe, Lewis, Wallace, Storrs, Barnes, McGuire, and Ward.

Visitors: Dr. Morgan, of Clay Center, and Dr. Roby, of Topeka.

Dr. Magee, vice-president, acted as president, and Dr. Ward secretary.

The president's chair was left vacant, and Dr. Alexander's diploma was put on the table where all could see it.

Dr. Magee read an address in which he reviewed the life work and history of the deceased, as follows.

Fellow members of the Topeka Academy of Medicine and Surgery: We meet to-night under circumstances of extreme sadness.

Our minds are filled with grief, our hearts are heavy, the angel of death has again spread his white wings over our fold.

Thrice during the past year have we been called to mourn the loss of three of our members—three times during this brief year has the mantle of sorrow been thrown over our number.

To-night we mourn the decease of one near and dear to us—our beloved president. Eleven months ago he took the chair full of

joy, delighted that he was the unanimous choice of this society and that he could be of service to his fellow-practitioners. The doctor highly appreciated the honor bestowed upon him by the Academy in selecting him for its president. Frequently did he speak of it to his friends and to his family in the highest terms and with gratitude. During his last sickness he often remarked to his wife and nurse that he would soon have to begin the preparation of his annual address, as is the custom of the society at the close of the year. During the period of convalescence, which shortly preceded his relapse, it was almost a daily remark from his lips that he had this address to prepare and that he had already begun to collect material and facts for it. A book was handed me on Saturday, the history, organization and growth of the Shawnee County Medical Society, which afterwards became the Topeka Academy of Medicine and Surgery, upon which he intended to draw largely for historical data. This book was the property of the venerable Dr. Stormont, and had been handed down by him to the Doctor as a landmark and would have been of immense value in the preparation of his paper and full of interest to us.

Dr. Reid Alexander was born November 1, 1860, at Dudley, Ill., the son of Robert Tate and Amanda Lydick Alexander. His early boyhood was spent on the farm, he attended school in Dudley, after which he entered the office and read medicine with Dr. Rowe, of the same place. He entered the medical department of the University of Pennsylvania in 1882, from which he graduated with honors in the class of 1885. He came direct to Topeka and entered into partnership with Dr. D. W. Stormont, and on the death of the latter succeeded to his prrctice. At the time of his death he was referee for the Mutual Life of New York and surgeon for the C. R. I. & P. R. R. of the West, and also the honored president of our Society and acting chairmau of the Board of Censors of the Kansas State Medical Society.

His face was an inspiration to every one. Out through his eyes sparkled and beamed the enthusiasm of genius in medicine. His merry, chuckling laugh dispelled fear and kindled encouragement. The couplet of Longfellow is certainly excmplified in this sad instance:

> "There is a reaper whose name is death,
> And with his sickle keen
> He reaps the bearded grain at a breath,
> And the flowers that grow between."

Our brother was in the very vigor and flower of his youth, the vim and bustle of a busy practitioner never seemed to exhaust him; no difference what office, duty or labor was laid upon him, he found time to fulfill, and always with that zeal and ardor characteristic of his nature. No grumbling was ever heard to escape his lips as to his burden of duty, were it ever so heavy. A life full of promise—wide in influence—cut down. Oh, Grim Reaper! it seems hard, but the lot is cast into the lap and the whole disposing thereof is of the Lord.

Our beloved brother passed to the life beyond on the same day as did Oliver Wendell Holmes, the one full of years, the other full of life's brightest hopes. He had a laudable ambition to live and serve his family and his beloved city. He loved his family, was a true father and husband, and his love for our city was unsurpassable. June 1, 1888, he was united in marriage to Miss Berta Thompson, who survives him, together with three beautiful little girls.

In the few years in which he practiced medicine he endeared himself to the citizens of this community and even to a large circle of friends throughout the State, several of whom have spoken to me since his demise in the highest possible praises of his ability, his character and his high attainments. He had grown into the hearts of those among whom he sssociated until they manifested a fondness and an attachment for him immeasurable. His patients have spoken to me of him as one almost absolutely faultless in every particular—easily approached and having few superiors in the care and interest manifested in their welfare. As a diagnostician he was painstaking—always weighing with profound precaution all possible evidence before giving a decision. When once his verdict was rendered his

opinion was firm and unswerving. Thoroughly conscientious—and when duty presented itself all his energies were brought into requisition in the full performance thereof. His judgment was clear and keen. In a fault no one was ever more ready to ask forgiveness or to excuse the errors and faults in others. Modest, unassuming, never pushing his merits or cause, but willing that the place or honor should seek him. His dealings with his fellow-men were characterized with uprightness, strictest integrity and straightforwardness.

As a young practitioner, scarcely yet 34 years of age, he could boast of magnificent successes and achievements. Vol. No. 1 of the KANSAS MEDICAL JOURNAL devotes the first three pages to a report of a primary synchronous triple amputation for railway injury. I give below a few extracts from this report in the Doctor's own language.

"The patient, T. H. J., is an American, twenty-two years of age and unmarried. He was employed in the C. K. & N. R. R., and while switching cars at Maple Hill, Kansas, November, '88, fell between them and was run over. By an effort on his part he then threw his body outside of the rails, but on account of an embankment he rolled back and the wheels passed over him again. He was laid upon a seat cushion by the members of the train crew, placed upon the floor of the caboose and sent to Topeka, a distance of twenty-one miles. I saw him immediately upon his arrival, about three hours after the accident, placed him in a conveyance and transferred him to Christ's Hospital in this city."

Then follows a description of the injury and the amputation in which it was found necessary to remove the right arm below the elbow, the right leg above the knee and the left leg below the knee.

"During the amputation the parts were kept flooded with hot 1-4,000 sub. sol.—the water used having been previously boiled for some hours to insure purity—and applied at the time as hot as our hands could endure to prevent as much as possible the reduction of the bodily temperature of the patient."

"Considering the amount of tissue involved in these operations but a small amount of blood was lost during the amputations; particular care was being exercised to prevent it, knowing that the life of the patient at this time depended largely upon caution in this direction."

"Improvement continued until the afternoon of the fifth day, when, while asleep, he threw his left stump off of the pillow, striking it against the foot of the iron bedstead and producing a hemorrhage that would have undoubtedly cost him his life had it not been for the prompt action of the nurse."

He gives a complete history of the case, with an accompanying photograph of the patient after recovery, together with the treatment throughout, and then sums as the follows:

"He was sent to his home in Gallatin, Missouri, where he resides at present, on February 4, '89, having been in the hospital eleven weeks, the last three of which he only remained because it was convenient for him to do so. Cases of successful synchronous triple amputation are of rare occurrence. Dr. John Ashurst, of Philadelphia, in reporting a case to the College of Physicians and Surgeons on which he had operated in November, '87, stated that he was able to find only four other successful cases in literature. In severe injuries, which would necessitate triple amputation, the cases usually do not survive the primary constitutional effects and death supervenes in a very few hours. The prognosis may be considered always unfavorable, yet sufficient recoveries have followed these amputations to justify the surgeon in operating where the condition of the patient will permit it."

I have given to you in these extracts the exact language of our brother to show you some of his traits as a physician, as a surgeon and as a linguist—the preciseness with which he describes each detail. Brother phpsicians, we should strive to emulate his virtues, and may his life and this study of it be a means of stimulating us to farther study and greater painstaking in our most worthy and noble calling—the relief

of suffering mankind.

In the establishment of the Stormont Medical Library in our State capital, probably no one member of the library committee deserves more praise than does Dr. Alexander, its worthy president. To him was given the arduous task of securing the pamphlets, and also the exceeding large number of the more recent publications in medical literature, making the wisest and most judicious expenditure of all moneys intrusted to the care of the committee as if it were his own. This magnificent library consists of more than one thousand five hundred volumes, and represents more than seven thousand dollars in value. It contains a list of books that can scarcely be found anywhere in the West to-day. This monument is growing, being provided with an endowment, and will grow steadily from year to year in beauty, utility and beneficence as long as Kansas is a State.

Certainly our hero's life was not in vain, he lived a few short years, yet he lived rapidly. No other one can boast of performing successfully a more difficult surgical operation, and Kansas leads her Western sister States in the foundation of a free medical library, in the possession of which we all feel a just pride.

In the doctor's death our city has lost a valuable and trusty practitioner, our Society an honored member and warm supporter of the science of medicine, and our State a rising physician to whom we can point with honor and pride.

As we consign all that is mortal of our departed brother to the tomb, may we say peace to his ashes, and may his soul rise to the realms above and into the arms of the Great Physician, who is able to heal all the maladies of the soul.

In the words of that beautiful couplet we close, feeling that he has enjoyed its fullest realization:

"Abide with me, fast falls the eventide,
The darkness deepens, Lord with me abide,
When other helpers and comfort flee,
Help of the helpless, O abide with me.

"Swift to its close ebbs out life's little day,
Earth's joys grow dim, its glories pass away,
Change and decay in all around I see,
O, Thou who changest not, abide with me."

Dr. Schenck, from the committee on resolutions made the following report, which was adopted, and on motion a copy of the resolutions was ordered sent to the family:

"WHEREAS, Death has removed from among us our worthy and respected president, Dr. Reid Alexander, and

WHEREAS, We have found him generous, manly and honorable, learned and skilled in the various departments of his profession; therefore

Resolved, That while the Academy is unable to express its great grief, it realizes that one of its brightest stars has set behind the horizon of time; that while we know how little our sympathy can soothe such sorrow, we cordially extend it to the bereaved family of our departed fellow."

Dr. McGuire made a brief report of Dr. Alexander's illness. He said there was a peculiar strain in Dr. Alexander's makeup, which was significant, and pointed to poor health. He has gradually failed during the Summer. At intervals he has appeared greatly fatigued from over exertion, which showed that he was far from a healthy, robust man. During his entire primary illness there were no signs of typhoid fever; no tenderness of abdomen; no eruption; in short, no other symptom of great lesion save his high fever.

He was kept on predigested food, and he made a perfect convalescence.

Pain was first felt on Friday morning prior to his death, and from that time on he rapidly failed.

Autopsy: About twelve inches above cecum there was found a serious lesion of intestine, *i. e.*, ulceration and perforation of intestine, and gangrene for some distance, and marked peritonitis.

Dr. Schenck said regarding one thought as expressed by the chairman's address: Dr. Alexander did nearly all the work in selecting the Stormont Medical Library, and his work will be duly appreciated in the future.

Dr. Lindsay said: It was his privilege to nominate Dr. Alexander for the office of president of this society, and he pointed with pride to the unanimous vote which he

received. His unselfish interest in his brother physicians accounts, in part, for his his great popularity.

Dr. Minney said: The biography of some men may be said in three words—born—lived—died. But of Dr. Alexander more must be said. He drew people to him. His career was remarkable. He came here a poor man, but rapidly grew in favor and wealth. His character was worthy of emulation. Dr. Alexander still lives, and his presence will ever be with us.

Dr. Stewart said: Dr. Alexander's death was to me a great shock. Many of us did not entirely understand Dr. Alexander. He regarded his duties as a physician above himself. He made his profession above mercernary gain. Why was it that he was taken away? Men live more in deeds than in any other way. His life was not a failure. He fell in the midst of his work like a soldier in battle.

Dr. Mitchell wished to add just a word: He knew Dr. Alexander as a young man of good qualities, and worthy of all the enconiums that can be expressed of him. He had a kind and generous disposition. Was a cultured gentleman and worthy to be followed. His death has brought forcibly to my mind that we should consider the value of life and remember that there is no time to fritter away. This occasion should wipe out of existence all differencc of opinion and cause us to consider that life is too short to permit differences to exist.

Dr. Powell knew Dr. Alexander well, having studied medicine in his office before going to college. He was a polished gentleman with faultless character, a fine scholar, an accomplished physician, and a Christian.

Dr. Morgan had known Dr. Alexander for several years and his acquaintance was of a most pleasant character. "Reid Alexander," as he was known all over the country, was considered one of the brightest stars in the profession. His life should stimulate us all to press on to greater work in our profession. His death will be mourned in every part of the State.

Dr. Lewis knew Dr. Alexander quite well, and said he was a good physician and an honorable gentleman. He could not add anything more than had already been said in praise of Dr. Alexander's character.

Dr. Grubbs said that he knew of no words that could fittingly express his respect for the deceased. He was a genial gentleman, an accomplished scholar, and a profound practitioner. His relations with him on the United States Pension Board have always been entirely pleasant.

Dr. Roby said: Reid Alexander, who was loved by all, was one of the best citizens and most accomplished physicians of the capital of Kansas. He has passed away and we all mourn his loss. He was the best medical friend I ever knew.

Dr. Beers said it was not possible to fully relate the life and character of Dr. Alexander in the short time allotted to us tonight. To come in contact with him was to be influenced and inspired. "He who would have friends must show himself a friend," was his motto. If we would all emulate his example in this respect all would de better.

Dr. Pelton had known Dr. Alexander for the past five years, and had always found him a friend, a gentleman, and a skilled physician. He was always ready to administer words of cheer, and aid a brother physician in sickness or in trouble. It seems sad that one of the youngest should be called away while those whose hairs are whitened by many Winters are left.

Dr. J. C. McClintock said he was sorry that he had not words to express his appreciation of Dr. Alexander's worth, but he could heartily indorse all that had been said by others.

Dr. Wallace admired Dr. Alexander, but had no words to adequately express her sorrow.

Dr. Gibson said he had known Dr. Alexander for many years, and too much could not be said in his favor.

Dr. McGuire said he had been an intimate friend of Dr. Alexander's during all his life in Topeka. In all the nine years of our acqnaintance, and living for the past few years in each others door-yards—almost in the same family—no unpleasantness has ever

come between us. Concerning his qualifications as a physician and gentleman too much cannot be said.

Dr. Munn: The personal relations existing between Dr. Alexander and myself were always of the pleasantest character. His death is a great loss to the community and to the profession.

Dr. C. S. McClintock said he could speak of Dr. Alexander from the standpoint of one of the younger members of the fraternity. He had found him ever ready to help a young and struggling physician.

Dr. Barnes said she should always remember with pleasure Dr. Alexander's life.

Dr. Ward said that he was greatly shocked by the news of Dr. Alexander's death. Our relations were very friendly. I considered him a profound student, a conscientious physician, and a generous-hearted, noble man. I have watched his career with unusual interest, partly on account of the fact that we came to Topeka the same year. I had learned to love Dr. Alexander. His loss to this community and to the profession is irreparable. His place so far as concerns the professional respect and love of his patrons cannot be filled. We are better for having known him.

Dr. Schenck wished to add just a word. All are agreed that Dr. Alexander was a profound physician, and that he was just, upright, and fair. He was always ready and capable of doing good to his fellow men. The fault will be ours and not his if we do not emulate his life and character.

Dr. Sheldon sent the following, which was read:

"*To the Members of the Topeka Academy of Medicine and Surgery*—ESTEEMED FRATERS: It is with feelings of profound regret that I find that circumstances beyond my control will prevent my being with you this evening to participate in the appropriate but solemn memorial ceremonies for one of our members who has fallen in the prime of life, and in the active period of his professional career. Truly "his work was unfinished, but his column is broken," but I consider it not only meet and proper for us, but also our duty as members of a noble profession, as well as associates in this academy, to meet together under circumstances like these, and by recounting the good deeds and virtues of a frater who has been called from labor to rest in advance of us, to be thereby ourselves strengthened and encouraged in our work, and in the discharge of those duties which we owe to our God, our country, our neighbors, and ourselves. It was my pleasure to have personally known Dr. Reid Alexander from the commencement of his professional career until the time of his death, and it is also a pleasure for me to testify to his honorable character as a citizen and neighbor, as also to his eminent qualifications in his chosen profession, and the conscientious and zealous manner that characterized his daily professional work. He loved and practiced his profession because it afforded him an opportunity to do good. He studied his profession and kept pace with the rapid progress that has been made in it during the last decade, in order that he might the better serve those who confided in his skill, knowledge and integrity for their relief or cure, and placed himself in its front rank. In short, he was an honored and honorable member of the fraternity, and it will be well for us all if we cherish up and imitate his many virtues and noble qualities of head and heart, thereby ennobling our own lives, for by honoring such lives we honor our profession and ourselves."

On motion, the special memorial session of the Academy of Medicine and Surgery adjourned.

M. B. WARD, *Acting Secretary*.

SOME life insurance companies refuse to take risks on athletes. Dr. Wells, in *The Medical Examiner* says: "As the game [football] is played to-day the attention of a surgeon is as much of a necessity as in a duel. In England last year it resulted in 28 deaths and 109 cases of permanent injury. In the closing week of the season three broken legs were reported, one broken shoulder, one case of concussion of the spine and two deaths from kicks in the abdomen.

Meeting of American Academy of Railway Surgeons.

The first meeting of the American Academy of Railway Surgeons will be held in the parlors of the Grand Pacific Hotel, Chicago, Ill., on Friday and Saturday, November 9 and 10, 1894.

MOTTO.

"The higher the order of railway surgery the greater the protection to the employe, the passenger, and the company."

PROGRAM.

FIRST SESSION—FRIDAY, 9 A.M.

Executive Session.

(Only charter members of the Academy admitted.)

1. Call to order, by chairman committee on permanent organization.
2. Election of temporary chairman.
3. Election of temporary secretary.
4. Roll-call of charter members.
5. Appointment of committee on constitution and by-laws.
6. Address—The Objects and Aims of the American Academy of Railway Surgery, by C. K. Cole, M.D., chief surgeon Mont. Cent. Ry., Helena, Mont.
7. Reasons for the Organization of the Academy, by W. J. Galbraith, A.M., M.D., chief surgeon Union Pacific Ry., Omaha, Neb.
8. A Symposium on Permanent Organization, by R. Harvey Reed, M.D., consulting surgeon B. & O. Ry., Columbus, Ohio.
9. Opening of the Discussion on Nos. 5, 6 and 7, by W. H. Elliott, M.D., chief surgeon Central Ry. of Georgia, Savannah, Ga.
10. Miscellaneous business.
11. Adjournment.

SECOND SESSION—FRIDAY, 2 P.M.

Open Session.

(Nothing but scientific business transacted, and open to all interested.)

1. Injuries of the Tendons in Railway Accidents.

a History and Symptoms, by J. B. Murphy, M.D., chief surgeon, Wis. Cent. Ry., Chicago, Ill.

Discussion opened by W. A. Adams, M.D., chief surgeon D. T. & Ft. W. Ry., Fort Worth, Texas.

b Diagnosis and Prognosis, by W. D. Middleton, M.D., chief surgeon C. R. I. & P. Ry., Davenport, Ia.

Discussion opened by Brise L. Riordan, M.D., surgeon G. T. Ry., Toronto, Can.

c Treatment, by George W. Hogeboom, M.D., chief surgeon A. T. & S. F. Ry., Topeka, Kas.

Discussion opened by Solon Marks, M.D., chief surgeon C. M. & St. P. Ry., Milwaukee, Wis.

2. Traumatic Neuritis.

a History, Symptoms and Differential Diaguosis, by A. P. Grinnell, M.D., chief surgeon Central Vermont Ry., Burlington, Vt.

Discussion opened by Charles H. Merz, M.D., surgeon, L. E. & W. Ry., Sandusky, Ohio.

b Prognosis and Treatment, by E. A. McGannon, surgeon G. T. Ry., Brockville, Ont., Can.

Discussion opened by J. H. Ford, M.D., chief surgeon C. C. C. & St. L. Ry., Wabash, Ind.

3. Treatment of Traumatic Aneurism, by G. S. Worley, M.D., chief surgeon J. St. A. & I. R. Ry., St. Augustine, Fla.

Discussion opened by N. Y. Leet, M.D., chief surgeon D. L. & W. Ry., Scranton, Pa.

Adjournment.

THIRD SESSION—FRIDAY 8 P.M.

Executive Session.

(Only charter members of the Academy admitted.)

1. Report of committee on constitution and by-laws.
2. Appointment of committee on nominations.

3. Miscellaneous business.
Adjournment.

FOURTH SESSION—SATURDAY, 9 A.M.

Open Session.

(Nothing but scientific business transacted and open to all interested.)

1. Should a Railway Surgeon be Required to Procure a History as to the Cause of an Accident Over the Signature of the Injured?

a Reasons Favoring such Report, by S. L. McCurdy, A.M., M.D., surgeon P. C. C. & St. L. Ry., Pittsburg, Pa.

Discussion opened by R. W. Bruce Smith, M.D., surgeon G. T. Ry., Seaforth, Can.

b Reasons Opposing such Report, by Geo. Chaffee, M.D., surgeon L. I. Ry., Brooklyn, N. Y.

Discussion opened by J. M. Dinnen, M.D., chief surgeon N. Y. C. & St. L. Ry., Fort Wayne, Ind.

2. The Best Method for Approximately Determining the Amount of Damage Sustained by a Traumatism from a Monetary Standpoint, by R. S. Harnden, M.D., surgeon N. Y. L. E. & W. Ry., Waverly, N. Y.

Discussion opened by John E. Owens, M.D., chief surgeon C. & N. W. Ry., Chicago, Ill.

3. The Best Methods for Determining the Value of Life when Death Has Been Caused by Accidental Means, by M. Cavana, M.D., surgeon N. Y. O. & W. Ry., Oneida, N. Y.

Discussion opened by A. D. Bevan, M.D., chief surgeon Iowa Central Ry., Chicago, Ill.

4. The Environments of Railway Surgery, by B. Merrill Ricketts, M.D., chief surgeon C. P. & V. Ry., Cincinnati, Ohio.

Discussion opened by C. B. Kibler, M.D., surgeon N. Y. L. E. & W. Ry., Corry, Pa.

5. The Use of Horsehair in Surgery, by C. M. Daniels, M.D., chief surgeon W. N. Y. & P. Ry., Buffalo, N. Y.

Discussion opened by A. C. Scott, M.D., chief surgeon G. C. & S. F. Ry., Temple, Texas.

Adjournment.

FIFTH SESSION—SATURDAY, 2 P.M.

Open Session.

(Nothing but scientific business transacted and open to all interested.

1. Not a Case of "Railway Spine," by Webb J. Kelly, M.D., surgeon C. C. C. & St, L. Ry., Galion, Ohio.

Discussion opened by W. B. Rogers, M.D., chief surgeon K. C. M. & B. Ry., Memphis, Tenn.

2. Comparative Value of Plaster of Paris and Silicate of Soda as a Dressing for Fractures, by Milton Jay, M.D., chief surgeon C. & E. I. Ry., Chicago, Ill.

Discussion opened by C. B. Parker, M.D., surgeon L. S. & M. S. Ry., Cleveland, Ohio.

3. Treatment of Burns of the Conjunctiva, by D. C. Bryant, M.D., oculist U. P. Ry., Omaha, Neb.

Discussion opened by William Thompson, M.D., oculist Pennsylvania Ry., Philadelphia, Pa.

Also by J. A. White, M.D., consulting oculist S. Ry. Co., Richmond, Va.

4. Traumatism of Joints, by R. H. Cowan, M.D., surgeon N. & W. Ry., Radford, Va.

Discussion opened by C. B. Powell, M.D., surgeon C. B. & Q. Ry., Albia, Ia.

5. Collodion in Solutions of the Continuity of the Soft Parts, by N. A. Drake, M.D., Surgeon C. R. I. & P. Ry., Kansas City, Mo.

Discussion opened by Chas. B. Fry, M.D., surgeon Big Four Ry., Mattoon, Ill.

Adjournment.

SIXTH SESSION—SATURDAY, 8 P.M.

Executive Session.

(Only charter members of the Academy admitted.

1. Report of committee on nominations.
2. Election of officers.
3. Selection of next place of meeting.
4. Miscellaneous business.

Adjournment to the banquet hall.

Banquet.

Adjournment.

TRANSPORTATION.

The managers of the various railroads have very cordially agreed to furnish the necessary transportation to enable the members of the Academy to attend the coming meeting. Those who need transportation will apply for the same at once through their proper officers.

Books.

Home Treatment for Catarrhs and Colds.—A handy guide for the prevention care and treatment of catarrhal troubles, cold in the head, sore throat, hay faver, hoarseness, ear affections, etc. Adapted for use in the household, and for vocalists, clergymen, lawyers, actors, lecturers, etc. By Leonard A. Dessar, M.D., visiting laryngologist to St. Mark's Hospital, and to Mount Sinai Hospital dispensary, etc. Illustrated. New York: Home Series Publishing Co., P. O. Box 1406. 1894.

The topics discussed in this little book are of more than ordinary interest to the general reader in view of the prevalence of catarrhal troubles in this country, owing to our variable atmospheric conditions. In simple language, devoid of technical verbiage, the author describes the structure and functions of the nose, throat and ear, the various affections of these organs, their causation and symptoms, prevention and treatment. Especial attention is devoted to the treatment, both preventive and medicinal, and the author has strictly confined himself to recommending only those remedies which in his own experience have proved of benefit. Illustrations have been added, wherever deemed necessary, both to show the appearances of the various apparatuses required and to aid the readers in understanding their manner of application. A large number of valuable prescriptions composed of drugs which can be obtained from any pharmacist at a moderate cost, are given. To afford an idea of the scope of this work we subjoin a list of the principal topics: Acute and chronic catarrhs of the nose, foreign bodies in the nose, nose bleeding, hay fever, influenza, diseases of the mouth and the care of the teeth, acute and chronic sore throat, diseases of the tonsils, hints to vocalists and public speakers, acute and chronic inflamations of the lower throat, enlarged glands of the neck, whooping cough, mumps, false croup, hints on the care of the ear, affections of the external and internal ear, wax and foreign bodies in the ear, and deafness.

A New Society.

The Greenwood County Medical Society was organized last July and holds regular meetings on the second Tuesday of each alternate month. The officers are Dr. Basham, president; Dr. Pierce, vice-presidext; and Dr. Dillon, secretary and treasurer.

LOCAL anesthesia appears to be gaining favor in recent cases of strangulated hernia. Cocaine is the agent to be injected in the line of incision. The points in its favor are: 1, The part is anesthetized. 2, Safety. 3, Freedom from vomiting. 4, Less shock than in general anesthesia.

SEVERAL persons in our city are living on milk diet alone. One gentleman has taken nothing but milk for eighteen months. He says he has no appetite for anything but milk and it satisfies his appetite completely. He works every day.

IT is claimed that the hot water habit can be so firmly established that it is impossible to discontinue its use.

PERMANGANATE of potassium is the antidote to cyanide of potassium.

LONGEVITY is dependent on inheritance and temperance.